Peter Owiti – Kenya – Community and Civil Society Representative to the Facilitation Council

Agenda item: Achieving our ACT-A diagnostics & therapeutics goals for 2021: what's holding us back?

Test prices have evolved with the cost of antigen-detecting RDT coming down to approximately 2.50 dollars, yet only developed countries have scaled up their testing while LMICs have a big access gap.

Most of the testing in LMICs is going on at higher level healthcare settings, leaving a big population that lives in the rural areas untested. To improve testing at points of care, we need a 1 dollar RDT test, we need new use cases for widespread community and self-testing, and we may need even more than the 900 million tests projected for 2021. More funding is also required for sequencing, to deal with variants that are now spreading in most LMIC, but that should not detract from focusing on delivery of tests themselves.

On use cases, countries are enthusiastic about finding a solution to screening at borders and in schools - but these are precisely what the RDTs are not prescribed for. We need to listen to LMI countries better. And while we are aware of ongoing studies on particular use cases, we encourage the issuance of preliminary guidance. And to Member States, we as Civil Society and Communities will appreciate countries' needs. The scale-up of RDTs should be based on carefully defined use cases at country level rather than a generic blueprint focused primarily on pushing volumes of RDTs to Africa, regardless of the health and socioeconomic context.

Secondly, we cannot rely on Vaccines alone to manage covid 19 without therapeutics. Only dexamethasone and oxygen have been approved thus far for severe disease. Outpatient therapeutics like Molnupiravir, Ivermectin, and Colchicine await results but the Pillar needs to interact with the diagnostics pillar on a test-and-treat strategy to serve 70 million people who require treatment for mild and moderate disease. We call for a joint meeting of the two pillars to advance this test and treat strategy. We also urge increased attention on Long COVID, which cuts across all pillars. We need to encourage accurate recording of morbidity so we can understand and define Long COVID, and we need to invest in surveillance of potential longer-term sequelae over years and decades to this end.

Thank you.

Dr Fifa Rahman – UK – Community and Civil Society Representative to the Facilitation Council

Agenda item: Where do we have to focus to rapidly scale-up vaccine supply to COVAX?

We are facing monumental challenges in vaccine production. Discussions on the COVAX indicate that all buyers of vaccines, whether countries or global health mechanisms, are facing delays to the supply schedule, and as we stand, some estimations are that LMICs will only be vaccinated by 80% of their populations by 2024.

We read with disappointment the leaked text of the WHO draft resolution to strengthen local production of health technologies, and of the countries deleting bracketed text that would enable technology transfer to LMICs. To sit here at the Facilitation Council and talk about global solidarity, then to ask for the deletion of text and important provisions that would help LMICs get access to more vaccines is hypocrisy. We thus call upon the United States, Norway, the UK, and Switzerland to withdraw their objections to the text.

The C-TAP can be an effective mechanism to maximise vaccine production but it is sidelined. We understand that there is a proposal for a so-called Vaccines Capacity Connector. It seeks to connect manufacturers to alleviate bottlenecks, but has heavy industry involvement, and has virtually zero involvement of LMICs and civil society. The background document bizarrely states that IP is not a problem in LMICs which is clearly wrong because we saw a lot of LMIC's mention IP today . Working with industry is what got us into trouble in the first place - so let's change the modus operandi and work together to make things more transparent and consultative and involve CSO's from the outset.

We are also entering this Facilitation Council meeting just 10 days after the Chatham House meeting that Richard mentioned, sponsored by COVAX, together with BIO and IFPMA, which claimed that there is a production capacity of 14 billion doses by end of 2021. According to an Airfinity document, Industry delivered 96% fewer doses in 2020 than it had promised. The question is why are we blindly trusting that 2021 will look any different? We can't take industry's claims at face value. There is already too much at stake to rely on these aspirational projections as our rout out of the biggest public health crisis of our generation.

We also think there needs to be a credible mapping exercise on manufacturing capacity and expertise available in the Global South, on how much money is needed over x number of years to produce y amounts of vaccines and to ensure viable manufacturing for entire continents in the Global South. WHO should be leading from the front on this. We call upon ASEAN, and other similar Global South entities to convene urgent meetings towards this end, and we commend the African Union for starting work on this process.

We need to explore incentives for technology transfer. We urge governments, especially those who truly believe in global solidarity, to explore setting up a buyout fund that would pay for technology transfer. We should remember that the US government paid Merck $150 million to enhance its capacity to produce J&J vaccine. This is a good precedent for tech transfer.

And finally, bilateral production deals will only be effective if they are fully transparent and are non exclusive. The oft-quoted example of AstraZeneca/Serum Institute, bilateral production deal but it raises concerns. Its promise of $3 per dose has not materialised. South Africa and Brazil had to pay over $5 per dose while Uganda paid $7 per dose - 3 times the price that the EU pays them. Moreover, the UK secured 5 million doses from the Serum Institute, the main supplier for LMICs. This means 5 million doses less for COVAX and for LMICs. This is not acceptable.

These deals are not a solution to the bigger problem. We need to put energy into building a sustainable ecosystem to share technology, to decolonise manufacturing of health technologies, including by bolstering local manufacturing in LMICs. This is an opportunity for transformation and we need to rise to the challenge.

The event was livestreamed and is available at: https://www.who.int/news-room/events/detail/2021/03/23/default-calendar/5th-access-to-covid-19-tools-(act)-accelerator-facilitation-council-meeting